

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Ravalli Corvallis K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 26 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Brian Weber 8051 M93 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0731 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

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Signature - Chair, County Transportation Committee	Date



1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.80 Legal Entity Number Rated Capacity 84 % TOTAL **ELIGIBLE RIDERS** С a + b

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Due Date:	,	v	inty Supt	To OPI	F	Rate Per Mile	
All Routes	Octobe		October 15	;	\$1.57		
County Name		County Number	District Nam	пе		Legal Entity Number	
Ravalli		41	Corvallis	K-12 Schools		0731	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mi	-	Rated Capacity	
1	31		Bus Rout	□ Non Bus Milea e Mileage	age	72	
Vehicle I.D. #	License #		District Ow		Contractor C	tractor Owned	
4411	AQ20			f so, Name of Owner E rate per mile	Brian Webe	r 	
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0731	Legal Entity	must mato	Legal Entity		Legal Entity	Legal Entity	
% 100.00	%		%		%		
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-7		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	HOMBER		HOMBEI		u i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)	ement that would be be eligible)						
TOTAL RIDERS							
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County 7 This Application for Registration		ommittee Approval as red					
area assigned to it by the Count	ty Transportation C			,		,	
ignature - Chair, County Transportation Committee Date							



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Due Date : All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nam	ne		Legal Entity Number	
Ravalli		41	Corvallis	K-12 Schools		0731	
Route #	Length of Route	(miles per day)	Type of Ser	vice Bus Route Mil		Rated Capacity	
5	44		Bus Rout	☐ Non Bus Milea e Mileage	age	71	
Vehicle I.D. #	License #		☐ District Ow		Contractor (Owned	
0532	Z890			f so, Name of Owner E	Bret Tintzm	an 	
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0731	Legal Entity		Legal Entity		Legal Enti	Legal Entity	
% 100.00	%		%		%		
PASSENGER INFORMATION	7.0		70		,0		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOMBEN		NOWIDEN		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
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TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees	· · ·	are transportation ser	TOO GIVE ESSIY	nod by the County Trans	Date		
County This Application for Registration area assigned to it by the County	of School Bus and						
Signature - Chair, County Transport					Date		



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1 copy State Supt. 1 copy County Supt. 1 copy School District

Date

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates All Routes	s:	3	To (nty Supt	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number District Nam		ne		Legal Entity Number			
Ravalli			41		Convollic	K-12 Schools		0731	
Route #	Length	h of Route	(miles per day)			vice Bus Route Mi	eage	Rated Capacity	
6	40					□ Non Bus Miles		0.4	
Vehicle I.D. #	48	_icense #			Bus Rout District Ow	e Mileage	District Own	84	
1426		555			Contract - I	If so, Name of Owner I rate per mile	DISTRICT OWI	ieu	
Reimbursement Distribution- Er	nter the	legal entity			state/county		aid to each dis	strict. Note: Percentages	
Legal Entity 0731	I	Legal Entity		natc	h budget! Legal Entity	Legal Enti		ty	
% 100.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY	DIE	NED O	111011 0011001	DIDEDO	TOTAL	
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		(Grades P			HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergaı	rten riders)	NUMBER		NOWIDER		a + b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	I Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement th o be eligit garten rid	nat would ble)							
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1 copy State Supt.1 copy County Supt.1 copy School District

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receives state reimbursement e						Rate Per Mile	
Due Date All Routes			Sounty Supt	To OPI October 15	:	\$1.57	
County Name		County Number	District Nan			Legal Entity Number	
		,				,	
Ravalli Route #	Length of Route	(miles per day)	Stevensy Type of Sei	rille Public Schls rvice □ Bus Route Mi	leage	0732 0733 Rated Capacity	
		(mics per day)	''	□ Non Bus Mile	3 -		
7 Vehicle I.D. #	41.2			te Mileage	2:	78	
venicie i.b. #	License #		□ District Ow□ Contract -	ned L If so, Name of Owner	District Own	ed	
0277	388		☐ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0732	Legal Entity		Legal Entity	1	Legal Entity	/	
0732	U.	733					
% 55.00	% 45	.00	%		%		
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Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY (Grades Pl	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
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Regular (include eligible Preschool/	Kindergarten riders)	NOMBL		NOWBEI	`	аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
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Signature - Chair, Board of Trustees	3				Date		
County This Application for Registration				ordance with Section a			
area assigned to it by the Coun	ty Transportation C			and the second s	·		
Signature - Chair, County Transport	ation Committee				Date		



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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees	Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Ravalli Stevensville Public Schls 0732 0733 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage Tu.Th.Pre-school 68 48 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Harlows School Bus Service 9919 V407 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0732 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Date

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Due Dates: All Routes		To C	ounty Supt			Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number	
Ravalli			41	Hamilt	ton K-12 Schoo	ols	0735	
Route #	Length of I	Route	(miles per day)		Service Bus	Route Mileage		
3	29			Bus R	□ Non oute Mileage	Bus Mileage	71	
Vehicle I.D. #	Licen	se#		1				
8274	L154	4			ct - If so, Name of octed rate per mile _	Owner MSTransp	oortation ——	
Reimbursement Distribution- Er	nter the legal	entity				nt to be paid to each d	istrict. Note: Percentages	
Legal Entity 0735				match budget! Legal Entity		Legal Ent	Legal Entity	
% 100.00	%	<u> </u>		%		%		
PASSENGER INFORMATION			ELEMENTARY	RIDERS	HIGH S	CHOOL RIDERS	TOTAL	
Number of Preschool/Kindergar this route	ten pupils rid	ding	(Grades Ph	(-8)	(G	rades 9-12)	ELIGIBLE RIDERS	
			a NUMBER			b NUMBER	c a+b	
Regular (include eligible Preschool/h	Kindergarten ri	iders)						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	eement that wo be eligible) garten riders)							
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This Application for Registration	of School B	Bus and						
area assigned to it by the County Signature - Chair, County Transport			committee.			Date		



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Ravalli Hamilton K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 35 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner M S Transportation 6130 L152 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0735 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



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Due Dates: All Routes		To C	ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District Nar	me		Legal Entity Number	
Ravalli		41	Hamilton	K-12 Schools		0735	
Route #	Length of Route		Type of Ser	rvice Bus Route Mile		Rated Capacity	
2	40		Bus Rout	□ Non Bus Mileaç te Mileage	ge	71	
Vehicle I.D. #	License #			Bus reduce ivilicage			
6129	L153			If so, Name of Owner Marate per mile	S Transpo	ortation —	
Reimbursement Distribution- Ent	er the legal entity			reimbursement to be pai	d to each dis	trict. Note: Percentages	
Legal Entity 0735			atch budget! Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY	RIDERS	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergarte this route	en pupils riding	(Grades Ph	(-8)	(Grades 9-12	2)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki	indergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
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County To This Application for Registration area assigned to it by the County	of School Bus an	d State Reimbursement		ordance with Section 20 wed and I certify that this I			
Signature - Chair, County Transporta		John Million			Date		



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Ravalli Victor K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 33.6 66 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner L & B Busing, Inc 1444 L203 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0738 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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receives state reimbursement e	ortees of another legal en	illy may utilize	the services.	F	Rate Per Mile		
Due Date : All Routes	To Co Octob	er 1 To OPI October 15		;	\$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Ravalli		41	Victor K-	12 Schools		0738	
Route #	Length of Route			rvice Bus Route Mil	leage Rated Capacity		
1	41		☐ Non Bus Mileag Bus Route Mileage		age	72	
Vehicle I.D. #	License #		☐ District Ow		Contractor C		
1766	L184		Contract - If so, Name of Owner L&BE				
Reimbursement Distribution- Er					aid to each dist	trict Note: Percentages	
		must mat	ch budget!				
Legal Entity 0738	Legal Entity	У	Legal Entity	,	Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTA DV. D	IDEDC	HIGH SCHOOL F	DIDEDO	TOTAL	
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY R (Grades PK-		(Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
this route		а	, b			С	
		NUMBER		NUMBER		a + b	
Regular (include eligible Preschool/l	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)	garteri fiders)						
TOTAL RIDERS							
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,							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.							
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Signature - Chair, County Transport					Date		



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nan	9		Legal Entity Number		
Ravalli		41 Lone Roc		ck Elementary		0741		
Route #	ength of Route	(miles per day)		Type of Service □ Bus Route Mil		Rated Capacity		
1 4	7.8		Bus Rout	☐ Non Bus Milea Bus Route Mileage		72		
Vehicle I.D. #	License #		□ District Ow	☐ District Owned District Owned				
0979	471			If so, Name of Owner I rate per mile				
Reimbursement Distribution- Enter	the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0741	Legal Entity			ch budget! Legal Entity		Legal Entity		
% 100.00	%		%	0/		%		
PASSENGER INFORMATION	70		70		70	_		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades Pk	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS		
		a NUMBER)	b NUMBEF	2	c a+b		
Regular (include eligible Preschool/Kind	dergarten riders)	HOMBE	`	NOWBE	<u> </u>	4 1 5		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	rvice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und nonresident and no attendance agreem otherwise allow nonresident riders to be (Include ineligible Preschool/Kindergart								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Date

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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Ravalli Florence-Carlton K-12 Schls 0743 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 34 72 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner L & B Busing, Inc 9756 L180 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0743 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for

County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	County Number District Name			Legal Entity Number	
Ravalli		41 Florence-		-Carlton K-12 Schls		0743	
Route #	Length of Route		Type of Ser	rvice Bus Route Mil	eage Rated Capacity		
6	12		Bus Rout	☐ Non Bus Milea Bus Route Mileage		72	
Vehicle I.D. #	License #		•			Contractor Owned	
7250	L181			□ Contracted rate per mile			
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0743	Legal Entity		ust match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	,,,		,,				
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY F (Grades PK	_	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NI IMBER	a NUMBER			c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBER	NOWIDER		•	a 1 b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees Date							
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1 copy State Supt.1 copy County Supt.1 copy School District

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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Ravalli Florence-Carlton K-12 Schls 0743 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12 17 66 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner L & B Busing, Inc 1485 L186 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0743 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Date : All Routes		To County Supt T October 1			Rate Per Mile \$1.57		
County Name		County Number	ber District Name			Legal Entity Number	
Ravalli		41 Florence-C		-Carlton K-12 Schls		0743	
Route #	Length of Route		Type of Service ☐ Bus Route Mile			Rated Capacity	
5B	30		Bus Rout	☐ Non Bus Mileage Bus Route Mileage		71	
Vehicle I.D. #	License #		☐ District Ow		Contractor C	ntractor Owned	
1765	T88		□ Contract - If so, Name of Owner L & B Busing, Inc □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entit 0743			Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	7.0		,,,				
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NONBEN	NOWBER			415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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